# The Changing World of Behavioral Health Services: Rewriting the Rule Book

Kentucky Medicaid Managed Care Forum

Mary Reinle Begley, Commissioner
Natalie Kelly, Director, Division of Behavioral Health
Vestena Robbins, Policy Advisor
Department for Behavioral Health, Developmental
& Intellectual Disabilities



## **Our Changing World**

A long-awaited day in Behavioral Health Services.....



- Center for Medicare and Medicaid Services (CMS) authorized a State Plan Amendment for Kentucky
- Additional mental health services were added
- Full continuum of substance use disorder services included for all members beyond pregnant women and adolescents
- Provider network expanded to include individual and group providers as well as licensed organizations beyond community mental health centers

## BEHAVIORAL HEALTH SERVICES



## Rehabilitation Services

- Screening
- Assessment
- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (Kids only)
- Peer Support
- Parent/Family Peer Support
- Intensive Outpatient Program
- Individual Outpatient Therapy
- Group Outpatient Therapy
- Family Outpatient Therapy

- Collateral Outpatient Therapy (Kids only)
- Partial Hospitalization
- Service Planning (MH only)
- Residential Services for Substance Use Disorders
- Screening, Brief Intervention and Referral to Treatment (SU only)
- Medication Assisted Treatment (SU only)
- Assertive Community Treatment (MH only)
- Comprehensive Community Support Services (MH only)
- Therapeutic Rehabilitation Program (MH only)



## Targeted Case Management

- Children with Severe Emotional Disability (SED) and Adults with Severe Mental Illness (SMI)
- Adolescents and Adults with Substance Use Disorders (SUD Moderate to Severe)
- Adults and Children with Co-occurring Mental Health or Substance Use Disorders and Chronic or Complex Physical Health Issues (SMI, SED, or SUD and Physical Health conditions)

NOTE: State Plan Amendment has been approved but the DMS administrative regulations have not yet been filed or adopted.



## NEW PROVIDER TYPES



Mental health and substance use services can now be provided by an array of providers...

Prior to January 1, 2014 After January 1, 2014 Licensed **CMHC** Practitioner **CMHC** Licensed **Provider Group** Organization

## Behavioral Health Services through DBHDID

- DBHDID intends to purchase services for individuals who have no insurance or are under-insured (i.e., for specific services not covered)
- DBHDID seeks to ensure the stability of a safety net, including crisis response services for adults and children
- DBHDID intends to be the payor of last resort –
  contractor is expected to seek reimbursement from all
  other sources <u>prior</u> to using DBHDID funding
- DBHDID intends to fund services for seven specific population groups

NOTE: Applies to all providers who contract with DBHDID for both mental health and substance use services.



New individual and group provider types specific to Behavioral Health Services include:

#### <u>Individual Provider Types</u>

- Licensed Clinical Social Worker (LCSW)\*
- Licensed Psychologist (LP)\*
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
  - Certified Psychologists with Autonomous Functioning
- Licensed Professional Art Therapist (PENDING CMS APPROVAL)
- Licensed Behavior Analyst (PENDING CMS APPROVAL)

#### **Group Provider Types**

Multi-Specialty Group (MSG)



Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker Master's Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate (PENDING CMS APPROVAL)
- Licensed Assistant Behavioral Analyst (PENDING CMS APPROVAL)



### **Behavioral Health Services Organization (BHSO)**

- New licensure category developed by CHFS Office of Inspector General to provide clinical behavioral health services.
- If a BHSO provides outpatient behavioral health services to treat individuals with substance use disorders or co-occurring disorders in which substance use disorder is the primary diagnosis, the BHSO will be required to be dually licensed as an AODE.
- In addition to providing outpatient behavioral health services,
   BHSOs may provide residential services for substance use disorders,
   in which case the BHSO must also be dually licensed as an AODE.

#### **BHSO** Webinar Link:

http://dbhdid.ky.gov/dbh/bhso.aspx



**BHSOs** will be licensed to provide one or more of the following behavioral health services as described in the Medicaid State Plan:

- Screening
- Assessment
- Psychological testing
- Crisis intervention
- Mobile crisis
- Day treatment
- Peer support
- Intensive outpatient services
- Individual, group, family, or collateral outpatient therapy
- Service planning for mental health disorders
- Screening, brief intervention and referral to treatment for substance abuse
- Assertive community treatment for mental health disorders
- Targeted case management
- Comprehensive community support services
- Residential Substance Use
- Therapeutic rehabilitation for adults with a serious mental illness or children with severe emotional disabilities.

Limited to
Licensed
Organizations



### Residential Crisis Stabilization Units

- New separate licensure category being developed by CHFS Office of Inspector General for residential crisis stabilization units.
- Because Community Mental Health Centers and Psychiatric Residential Treatment Facilities may provide crisis stabilization under their existing licenses, CMHCs and PRTFs will not be required to obtain separate licensure as a residential crisis stabilization unit to provide the service.

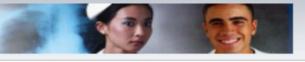


## Interactive Provider Network Map

http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.aspx

KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR BEHANIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES



**Provider Directory** 

**DBHDID Home Page** 

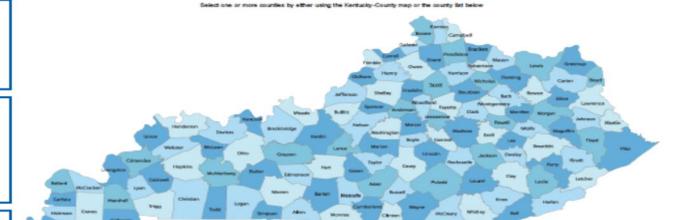
Make your selections and click "Submit" to display providers. Click "Reset" to clear all the selections

#### HEALTH PLAN

- O Anthem Health Plans Of Kentucky Inc.
- O Coventry Health And Life Insurance Company
- O Humana Caresource
- O Kentucky Spirit Health Plan
- O Passport Health Plan
- O Wellcare Of Kentucky Inc.
- Certified Clinical Social Worker
- Certified Social Worker
- Clinic Sodal Worker Group
- ☐ Hospital Offering Psychiatric Services
- ☐ Licensed Mantage & Family Thempis: ☐ Licensed Professional Clinical Counselo
- Paychistrig
- Psychologist
- Psychologist Group

#### Other Providers

- O Adult Crisis Stabilization Units
- O Children's Crisis Stabilization Programs
- O Community Mental Health Center
- O Driving Under the Influence
- O Early Childhood Mental Health
- O Early Intervention/Zero Tolerance Program
- O IMPACT PLUS
- O Intermediate Care Facilities (ICF)
- O Kentucky Correctional Psychiatric Center
- O Nursing Facilities
- O Psychiatric Hospitals
- O Psychiatric Residential Treatment Facilities
- O Regional Prevention Center
- O Substance Abuse Treatment
- O Suicide Prevention
- O Supports for Community Living



☐ Statewide

Counties selected:

| - Adair      | Allen      | <ul> <li>Anderson</li> </ul> | - Finitized | Barren     | - Resth   | - Head      | Boone       | - Hourton  | ☐ Boyd       | iiioyte   |
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| Casey        | Christian  | Clark:                       | Clay        | Clinton    | Critendes | Cumberland  | ☐ Devices   | □ Famonson | ☐ Fillet     | ☐ Fedil   |
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| Greenup      | - Harranok | Hardis                       | Hadan       | Hanteon    | Hat       | ☐ Henderson | Hamp        | Hickory    | ☐ Hopkins    | - accord  |
| ☐ Jefferson  | Jessanine  | Johnson .                    | ☐ Kienton   | ☐ King#    | ☐ Knox    | O Lette     | Laurei      | Lawrence   | □ tee        | Lesie     |
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| ☐ Histori    | MoCracker  | Macreery                     | ☐ MisLean   | ☐ Meade    | ☐ Medite  | Mercer      | ☐ Metalie   | □ Minno    | ■ Mortgonery | ☐ Morgan  |
| ☐ Muhienberg | Nelson     | ■ Nicholes                   | Onio        | Oldham     | Cheens    | Chesiny     | ■ Pendleton | Perg       | Pike         | Powell    |
| Pulmiki      | Robertson  | ☐ Rockpattle                 | Rowan       | C Russell  | ☐ Scott   | O Sitelly   | ☐ Simpson   | ☐ Spenser  | ☐ Yaylor     | □ Todd    |
| Trigg        | Trimble    | Links                        | - Hibrary   | Westington | Whyne     | Webser      | Whitey      | - Wolfe    | Woodbird     |           |

## Following the Rules



## **KY Medicaid State Plan Amendments**

http://chfs.ky.gov/dms/State+Plan+Amendments.htm

Kentucky

#### **DMS Home**

Kentucky Medicaid Waiver Case Management (WCM)

Medicaid Assistance Program (MAP) Forms

Medicaid Tobacco Cessation Program

**Programs and Services** 

Fee and Rate Schedules

**Boards and Committees** 

**General Resources** 

MCO Community Events Calendar

KyHealth-Net System

Pharmacy

**Provider Resources** 

Legal and Policy Information

How Do I enroll?

**DMS Newsletters** 

Kentucky Medicaid EHR Incentive Program

Advisory Council for Medical Assistance (MAC)

HIPAA 5010 ICD-10 Transition Information

KY Medicaid Program Terminated and Excluded Provider List

**Lockin Information** 

### State Plan Amendments (SPAs)

The documents listed below are amendments to the Medicaid state plan and have been submitted to the Centers for Medicare and Medicaid Services for approval. These amendments are in draft form only.

# Home > Department for Medicaid Services > State Plan Amendments

- Definitions
- 2014 SPAs
- 2013 SPAs
- 2012 SPAs
- 2011 SPAs
- 2010 SPAs
- 2009 SPAs
- 2008 SPAs

2007 - 2000 SPAs

Please Note: All manuals and materials are in PDF format and require a PDF reader, like Adobe Acrobat, to view the information. This program is free to download and easy to install. If you do not have this reader on your computer, get the Adobe Reader

#### Definitions

The following is a definition of status terms:

- Approved accepted by CMS
- Off the Clock CMS and DMS have agreed to let DMS resolve significant issues that would go beyond the 90-day clock.
- Pending amendment has been submitted to CMS and is under review for approval.

#### 2014 SPAs

#### Disclaimer

Any State Plan Amendment listed as pending status is subject to change prior to approval by CMS and should not be considered the final submission.

| SPA #  | Title                        | Status   |  |
|--------|------------------------------|----------|--|
| 14-001 | Local Health Departments     | Approved |  |
| 14-    | New Targeted Case Management |          |  |

#### Regulations

H8 349 - An Act relato pharmacy audits

#### Contact Informat

For an official copy of SPAs listed here, cont

Department for Medic Services 275 E. Main St. 6 W-A

Frankfort, KY 40621 Phone: (502) 564-43 e-mail:

CHFS DMS Webmaste

SPA by Year

Rehabilitation – 13-022 Targeted CM – 14-002A

Status



## **Provider Type Regulations**

#### Medicaid

- 907 KAR 1:044. Coverage provisions and requirements regarding community mental health center services.
- 907 KAR 1:045. Reimbursement provisions and requirements regarding community mental health center services.
- 907 KAR 15:005, Definitions.
- 907 KAR 15:010. Coverage provisions and requirements regarding behavioral health services provided by independent providers.
- 907 KAR 15:015. Reimbursement provisions and requirements for behavioral health services provided by independent providers.
- 907 KAR 15:020E. Coverage provisions and requirements regarding services provided by behavioral health services organizations.
- 907 KAR 15:025E. Reimbursement provisions and requirements regarding behavioral health services provided by behavioral health services organizations.

#### DBHDID

- 908 KAR 1:370. Licensing Procedures & Standards for Persons and Agencies Operating Nonmedical & Nonhospital Based Alcohol & Other Drug Abuse Treatment Programs (AODE)
- 908 KAR 2:220. Kentucky peer support specialist.
- 908 KAR 2:230. Kentucky family peer support specialist.
- 908 KAR 2:240. Kentucky youth peer support specialist.
- 908 KAR 2:250. Community support associate: eligibility criteria and training.

#### • OIG

- 902 KAR 20:430E Facilities specifications, operation and services, behavioral health services organization.
- 902 KAR 20:440E. Facilities specifications, operation and services; residential crisis stabilization units.



## Administrative Regulations

## http://www.lrc.ky.gov/kar/titles.htm



## Kentucky Legislature

## Kentucky Administrative Regulations TITLES

This page was produced on 7/28/2014 at 4:35:04 PM [EST]

KAR | Legislature Home Page

- TITLE 902 CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR PUBLIC HEALTH
- TITLE 906 CABINET FOR HEALTH AND FAMILY SERVICES
- TITLE 907 CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES
- TITLE 908 CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES



## Non-Licensed Service Professionals

- Non-licensed professionals, including:
  - Targeted Case Managers
  - Community Support Associates
  - Peer Support Specialists
- Eligibility, training and supervision requirements outlined in regulation
- Training curricula must be approved by DBHDID



## **Community Support Associate**

#### **DBHDID** Website for CSA:

http://dbhdid.ky.gov/dbh/csa.aspx

#### Community Support Associate Curriculum Approval Process

Curriculum Approval Process for the Community Support Associate

Initial 10-Hour Training Requirements

The Department for Behavioral Health, Developmental and Intellectual Disabilities will approve the initial 10-hour training curriculum for the Community Support Associate (CSA) as written in the Kentucky Administrative Regulations, Title 908 Chapter 2, Community Support Associate (see "908 KAR 2" in Related Links).

This regulation specifies five areas of focus, which are:

- Principles of recovery and resilience.
- Principles of psychiatric rehabilitation.
- Effective listening and communication skills.
- Diagnosis and medication management of mental health disorders or co-occurring disorders.
- Crisis coping skills.

#### Curriculum Approval Process

- Review the Core Competency document below to understand what information is needed in the curriculum.
- Review the Curriculum Rubric document below to understand how the curriculum will be scored.
- Submit the following items for review:
  - a. Curriculum Application Form
  - Curriculum for the CSA Initial 10-Hour Training, saved as a PDF file using a USB flash drive. Clearly label the USB flash drive with the provider's name and author.

#### Contact Information

100 Fair Oaks Lane 4E-D Frankfort, KY 40621-0001 Phone: (502) 564-4456 TTY: (502) 564-5777 Fax: (502) 564-9010

Email Contact Form

Related Links

Calendar of Events Provider Directory

908 KAR 2

## Community Support Associate

#### 908 KAR 2 Community Support Associate (CSA) Department Approved Training Curriculum Criteria for the Initial Training Requirement Rubric

| Core Competencies         | Specifics for the Curriculum   |   |                  |                    |                 | ] |  |  |
|---------------------------|--|---|------------------|--------------------|-----------------|---|--|--|
| of the Quality            | ·  |   |                  | l ∰ s              | s,              |   |  |  |
| Curriculum                |  |   | Does not<br>Meet | Partially<br>Meets | Meets           |   |  |  |
| Core Competency 1.        | Effective Communication.   |   |                  | '                  |                 | 1 |  |  |
| Engaging Consumers and    | Define OARS (Open-ended questions, Affirmations, Aeflections and Summarizing)  |   |                  |                    |                 | ] |  |  |
| Family Members (1 hour)   | Provide evidence that OARS is practiced Family and Consumer Centered Services.   |   |                  |                    |                 | ] |  |  |
|                           |  |   |                  |                    |                 | ] |  |  |
|                           | Define concepts of: family driven, youth guided, consumer driven and   | system of care  |                  |                    |                 |   |  |  |
|                           | Describe how these concepts (family driven, youth guided, consumer of<br>the scope of work as a CSA (provide an example of each) |   |                  |                    |                 |   |  |  |
|                           | Effective Engagement of Natural Supports.  |   |                  |                    |                 |   |  |  |
|                           | Define natural supports and provide an example of these supports (i.e.   | Core Competencies for Curriculum PDF Word                                       |                  |                    |                 |   |  |  |
|                           | Provide instruction on engagement strategies (specifically how to iden   |   |                  |                    |                 |   |  |  |
|                           | Trauma-Informed Care.  | This document explains the 10-hour core competencies that are neede             |                  |                    |                 |   |  |  |
|                           | Define trauma to include: an understanding of the prevalence, the imp  | nformed care wi Curriculum Rubric PDF Word                                      |                  |                    |                 |   |  |  |
|                           | healing and recovery  Define trauma informed care  |   |                  |                    |                 |   |  |  |
|                           |  |   |                  |                    |                 |   |  |  |
|                           | Describe the 5 core values within a culture of trauma-informed care wi<br>collaboration and empowerment                          |   |                  |                    |                 |   |  |  |
| Core Competency 2. Crisis | I his document evolution and the curriculus  |   |                  |                    | will be scored. |   |  |  |
| Management (1 hour)       | Define a behavioral health crisis  | Curriculum Application Form PDF Word  |                  |                    |                 |   |  |  |
| management (2 nour)       | Provide instruction on crisis intervention strategies  |   |                  |                    |                 |   |  |  |
|                           | Provide instruction on writing a crisis prevention plan  | This document contains identifying information about the applicant who is apply |                  |                    |                 |   |  |  |
|                           | Suicide Prevention and Awareness.  |   |                  |                    |                 |   |  |  |
|                           | Define suicide risks, signs and behaviors (as described in the Zero Suici  | · · · · · · · · · · · · · · · · · · ·   |                  |                    |                 |   |  |  |
|                           | Identify 3-5 appropriate responses when working with a potential suici   |   |                  |                    |                 |   |  |  |
| Core Competency 3. Self-  | Self-advocacy Skills.  | the culticulatif for leview.  |                  |                    |                 |   |  |  |
| advocacy & Navigation     | Define self-advocacy skills for the CSA  |   |                  |                    |                 |   |  |  |
| Skills (1 hour)           | Provide examples of self-advocacy skills for the CSA   |   |                  |                    |                 |   |  |  |
|                           | Instruction on how to assist consumers in becoming a self-advocate   | <u> </u>  |                  |                    |                 |   |  |  |



Page 1 of 3

## Managed Care Organizations

- For billing purposes, providers must always work with the client's insurance carrier - such as the MCO - to determine preauthorization requirements, billing procedures, etc.
- Providers are strongly encouraged to read the MCO *Provider Manuals* available from their respective websites.



## Building a Quality Continuum



If anything is certain, it is that change is certain.... Change should be a friend. It should happen by plan, not by accident.

Philip Crosby, Reflections on Quality



## Service Standards

## http://dbhdid.ky.gov/kdbhdid/standards.aspx

Click on a link below to access the service standard document.

- Assertive Community Treatment
- Assessment
- Collateral Outpatient Therapy
- Comprehensive Community Support Services
- Crisis Intervention
- Day Treatment
- Family Outpatient Therapy
- Group Therapy
- Individual Outpatient Therapy
- Individual Outpatient Therapy (Psychiatrist)
- Intensive Outpatient Program
- Medication Assisted Treatment
- Mobile Crisis
- Parent/Family Peer Support
- Partial Hospitalization
- Peer Support (for Adults)
- Peer Support (for Youth)
- Psychological Testing

- Residential Crisis Stabilization
- Residential Services for Substance Use Disorders
- Screening
- Screening, Brief Intervention, and Referral to Treatment
- Service Planning
- Supported Employment
- Supportive Housing
  - Therapeutic Rehabilitation Program (for Adults)

Therapeutic Rehabilitation Program (for Children)

Currently accessible...

More to come



## Service Standard Components

- Service Definition/Required Components
- Provider Requirements/Qualifications
- Staffing Requirements
- Supervision Requirements
- Admission Requirements
- Service Planning/Documentation
- Continued Stay Criteria
- Discharge Criteria
- Service Setting
- Service Limitations/Exclusion
- Unit of Service
- Service Codes
- Program Evaluation/Quality Improvement
- Program Principles



## **Service Standards**

|   |   | 5  | 5 10 1 1             | 1  |
|---|---|--|----------------------|--|
| # | Category                                      | Standard   | Provisional Standard | Notes/Comments   |
|   |   | I  |                      | I  |
| 1 | Service Definition/<br>Required<br>Components | IPS (Individual Placement and Support) Supported Employment is an evidence based practice designed to assist persons with serious mental illness (SMI) to obtain employment in a competitive environment using the supports of their mental health treatment team, an employment specialist and benefits counselor.  Supported employment services include:  Person Centered Job Selection  Job development and Analysis  Job Acquisition with Support  Long term Support and Follow Up  The principles are planned and implemented through a partnership with the client and the treatment team members, of which the Employment Specialist is a member, in order to assist the client in achieving specific employment goals as defined by the client's individualized person centered plan. |                      | IPS Supported Employment is a voluntary program. The client may choose to enter/exit the program at any time.  The Employment Specialist needs to be considered a member of the mental health treatment team and, ideally, located where services are delivered. |
| 2 | Provider<br>Requirements /<br>Qualifications  | Employment Specialist: Services to be provided by a person with education and experience equivalent to a bachelor's degree in mental health, social services or business. Experience working with people with serious mental illnesses, experience providing employment services, and knowledge of the work world are preferred. Ability to work as an effective team member is essential. Must be over the age of 18.   |                      | Must complete the Supported<br>Employment Training Program<br>through an approved contractor of<br>the Kentucky Office of Vocational<br>Rehabilitation within six months of<br>employment.   |
| 3 | Staffing<br>Requirements                      | The recommended caseload size per Supported<br>Employment Specialist is 20 or fewer individuals<br>In order to provide individualized services, the case load<br>size should remain under 20. This limit is based on IPS<br>Supported Employment Fidelity Scale to obtain  |                      | Includes caseload size, team composition, training and continuing education requirements, etc.   |

Kentucky DBHDID Service Standards/Supported Employment



- Crisis Services
- Child and Youth Services
- Adult Services
- Substance Use Treatment Services



## Crisis Services



## Continuum of Crisis Services

- Prevention
- Information & Referral
- Warm Line
- Hotline
- Telephone Contact
- Telephone Crisis Triage
- Telephone Crisis Counseling
- Crisis Consultation
- Emergency Telehealth Psychiatry
- Transportation
- Psychiatric Crisis Consultation
- Crisis Intervention Team

- Mobile Crisis Outreach
- Consumer Run Support
- Emergency CM Services
- Assertive Community Treatment
- Mobile Crisis Stabilization
- Residential Crisis Stabilization Voluntary & Involuntary
- Inpatient Psychiatric
   Hospitalization Stabilization –
   Voluntary
- Inpatient Involuntary Commitment



## Crisis Services in the State Plan

- Crisis Intervention
  - Individual, Group, or Licensed Organization
  - Office-Based
  - Does not require diagnosis
- Mobile Crisis
  - Licensed Organization
  - Any where other than office
  - 24/7 availability
  - Does not require diagnosis
- Residential Crisis
  - Requires OIG licensure (exception: PRTFs and CMHCs)
  - Overnight
  - 24/7 access
  - Non-hospital; community-based
  - Does not require diagnosis



## Child, Youth & Family Services



## Continuum of Child & Youth Services

- Screening (including for substance use, trauma, ASD)
- Individual Assessment (biopsycho-social, functional, for specific disorders such as ASD)
- Family Assessment
- Psychological Evaluation
- Psychiatric (medical evaluation and ongoing management)
- Service Planning (initial and ongoing)
- Peer Support (youth and family)
- Community Support

- Basic Case Management (not limited to those with SED, can be provided by clinician to ensure continuity of care)
- Targeted Case
   Management (via
   wraparound process for
   those with SED, complex
   treatment needs, co occurring MH/SU)
- Targeted Case
   Management for those with
   co-occurring disorders
   (including complex trauma)



## Continuum of Child & Youth Services

- Outpatient Clinical (individual, group, family, collateral therapies), on- and off-site
- Intensive In-home
- Treatment foster care
- Respite (in-home and other, hourly, daily, crisis, overnight options)
- Telephonic Crisis Stabilization (24/7)
- Walk-in Crisis Intervention
- Mobile Crisis Stabilization (24/7)
- Crisis Stabilization Unit (24/7)

- Therapeutic Rehabilitation
- Intensive Outpatient
- Day Treatment
- Partial Hospitalization
- Medication Assisted Treatment (for SUD)
- Residential Treatment
- Inpatient Psychiatric Hospitalization
- Discharge Planning
- Transition Planning



## Comprehensive Community Support

- Individual, Provider Group, or Licensed Organization can deliver the service
  - Community Support Associates must be employed by a licensed organization
- Requires a mental health diagnosis
- Goal is to assure independent living in the community by improving skills:
  - daily living
  - self monitoring of symptoms and side effects
  - emotional regulation
  - crisis coping
  - interpersonal

http://dbhdid.ky.gov/kdbhdid/documents/stand

## Individual Outpatient & Collateral Therapy

- Individual, Provider Group, or Licensed
   Organization can deliver the service
- Place of service is not limited
- Intensity of service is limited to 3 hours/ day, unless medically necessary
- Behavioral health services included in a child's IEP
- Collateral therapy is for children only



## Targeted Case Management for SED

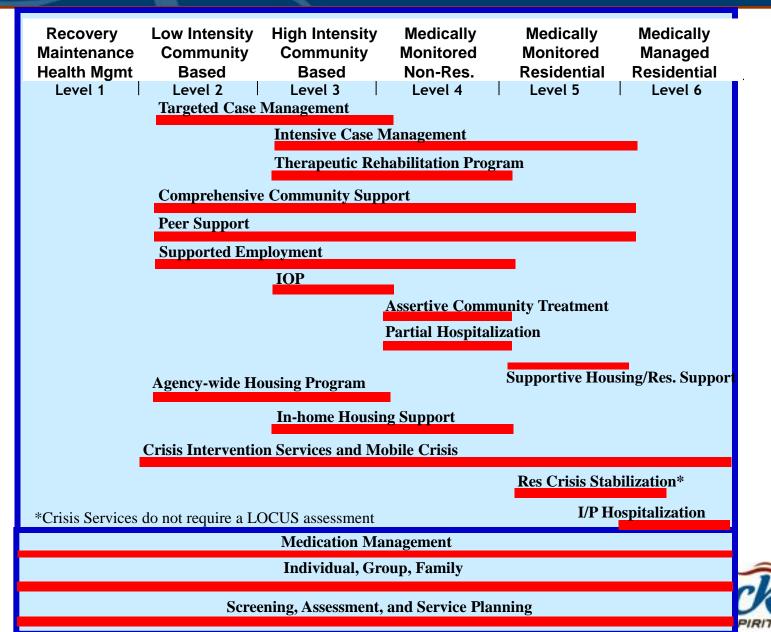
- Today, CMHCs are the only allowable provider outside of the EPSDT benefit
- Regulations have not been filed by DMS (7-29-14)
- Recipients are age 20 and under
- Recipients are deemed SED
  - Diagnosis
  - Disability
  - Duration



# Adult Services



# Continuum of Adult Services



# **Assertive Community Treatment**

- Licensed Organization
- Evidence-Based Team approach (4 or 10 person team)/Toolkit
- Requires SMI designation
- Involves family support & building natural supports

http://dbhdid.ky.gov/kdbhdid/documents/standards/assertive.pdf



# Peer Support

- Provider Group or Licensed Organization
- Requires "lived experience"
- Must be trained and supervised in accordance with state regulations

http://dbhdid.ky.gov/kdbhdid/documents/
standards/peer-adults.pdf



# Therapeutic Rehabilitation Program

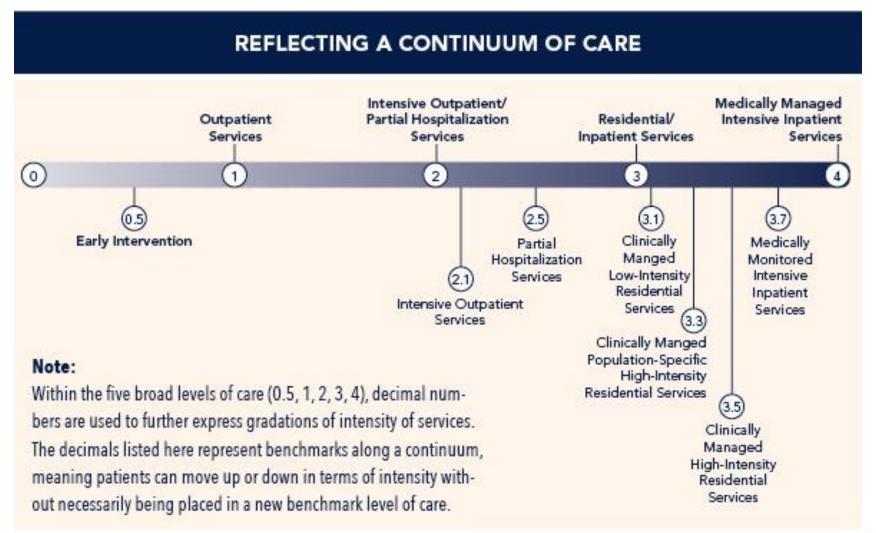
- Individual, Provider Group, or Licensed Organization
- Requires SMI or SED designation
- Individual or Group setting
- Goal is to improve skills:
  - daily living
  - self monitoring of symptoms and side effects
  - emotional regulation
  - crisis coping
  - interpersonal

http://dbhdid.ky.gov/kdbhdid/documents/standards/rehab-adults.pdf

# Substance Use Treatment Services



# Continuum of Substance Use Services





## **SBIRT**

- Individual, Provider Group, or Licensed
   Organization can deliver the service
- Evidence-based practice
- 3 Components
  - Screening
  - Brief Intervention
  - Referral to Treatment

http://beta.samhsa.gov/sbirt



# Intensive Outpatient Program

- Provider Group or Licensed Organization can deliver the service
- Must have access to a Board-Certified or Board-Eligible Psychiatrist for consultation
- Must have access to a Psychiatrist, other physician, or APRN for medication management
- At least 3 hours per day/3 days per week
- Recipient-to-Staff Ratio Requirements
- MH & SU
- Adults & Youth
   Cabinet for Health and Family Services



## Residential Substance Use Treatment

- Must be licensed as an AODE by OIG
- Licensed Organizations, including a BHSO, can deliver the service
- Short-Term: 14-28 days
- Long-Term: 28-90 days
- Must meet LOC criteria using a nationally recognized tool approved by DBHDID
- Limits exist for number of aggregate beds



# Intentional and Purposeful Implementation



Effective interventions X Effective implementation X Enabling context Socially significant outcomes The Formula for Success http://www.flickr.com/photos/41134853



the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice

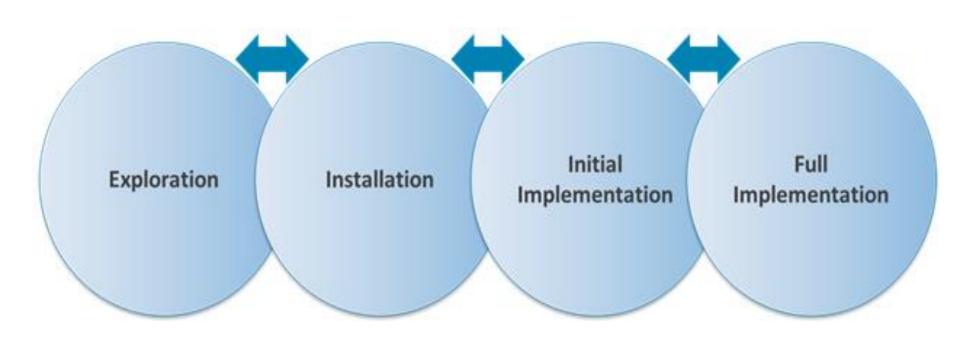


# **Active Implementation Frameworks**

- Implementation Stages
- Usable Interventions
- Implementation Drivers
- Implementation Teams
- Improvement Cycles



# Stages of Implementation

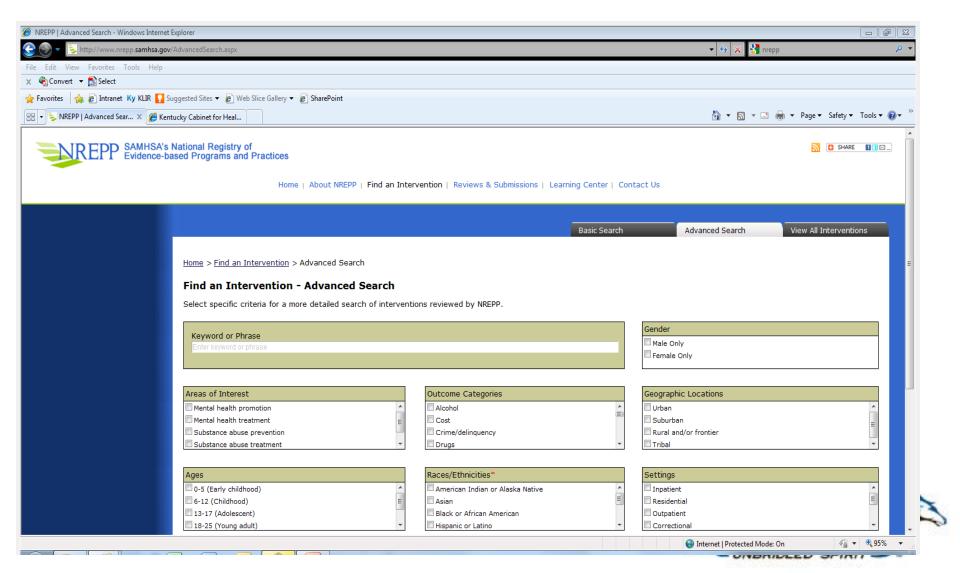






# NREPP SAMHSA's National Registry of Evidence-based Programs and Practices

## http://www.nrepp.samhsa.gov/Index.aspx



## **Usable Interventions**

Clear Description

**Essential** Functions

Usable Intervention

Operational Definitions

Practical Fidelity
Assessment



## The Hexagon Tool **Exploring Context**

The Hexagon Tool can be used as a planning tool to evaluate evidencebased programs and practices during the Exploration Stage of Implementation.

See the Active Implementation Hub Resource Library http://implementation.fpg.unc.edu

| EBP:   |             |      |     |     |
|--|-------------|------|-----|-----|
| 5 Point Rating Scale:<br>High = 5; Medium = 3; Low = 1.<br>Midpoints can be used and scored as a 2 or 4. |             |      |     |     |
|  |             | High | Med | Low |
| Need   |             |      |     |     |
| Fit  |             |      |     |     |
| Resource<br>Availability   |             |      |     |     |
| Evidence   |             |      |     |     |
| Readiness for<br>Replication   |             |      |     |     |
| Capacity to<br>Implement   |             |      |     |     |
|  | Total Score |      |     |     |

#### Need in agency, community, state

- . Health, human service & socially significant
- · Parent & community perceptions of need
- · Data indicating need

#### Capacity to Implement

- Staff meet minimum qualifications
- Sustainability
  - Staff Competencies
  - Organization
  - Leadership
  - Financial
- Buy-in process operationalized
  - Practitioners
  - Families

#### **NEED**

#### Fit with current Initiatives

- Agency, community, state priorities
- Organizational structures
- Community values

CAPACITY

### **READINESS**

#### Readiness for Replication

- Qualified purveyor Expert or TA available
- Mature sites to observe
- Several replications
- Operational definitions of essential functions
- Implementation components operationalized:
  - Staff Competency
  - Org. Support
  - Leadership

### **RESOURCES**

FIT

- · Practice Setting
- Technology supports (IT dept.)

Resources and supports for:

- Staffing
- Training
- Data Systems
- · Coaching & Supervision
- · Administration & system

#### Evidence

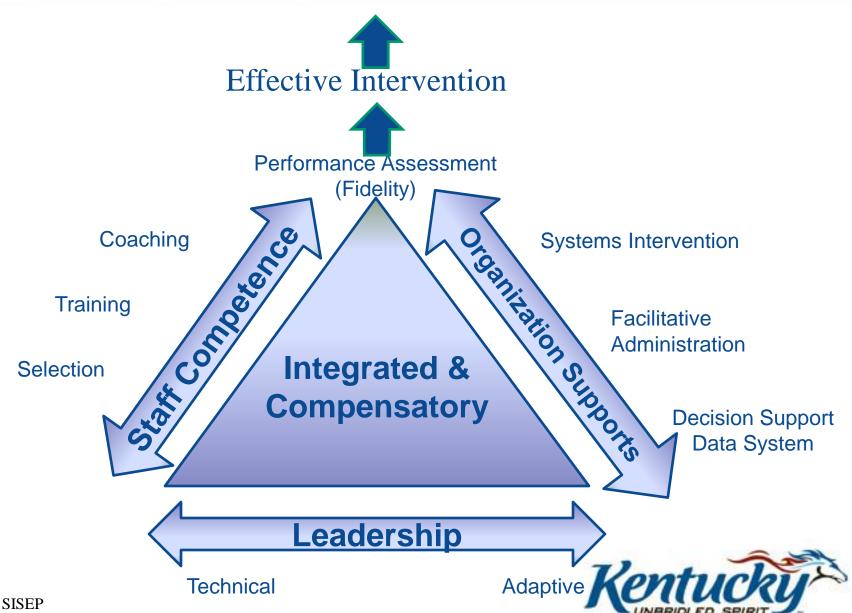
· Outcomes - Is it worth it?

**EVIDENCE** 

- Fidelity data
- Cost effectiveness data
- Number of studies
- · Population similarities
- · Diverse cultural groups
- · Efficacy or Effectiveness

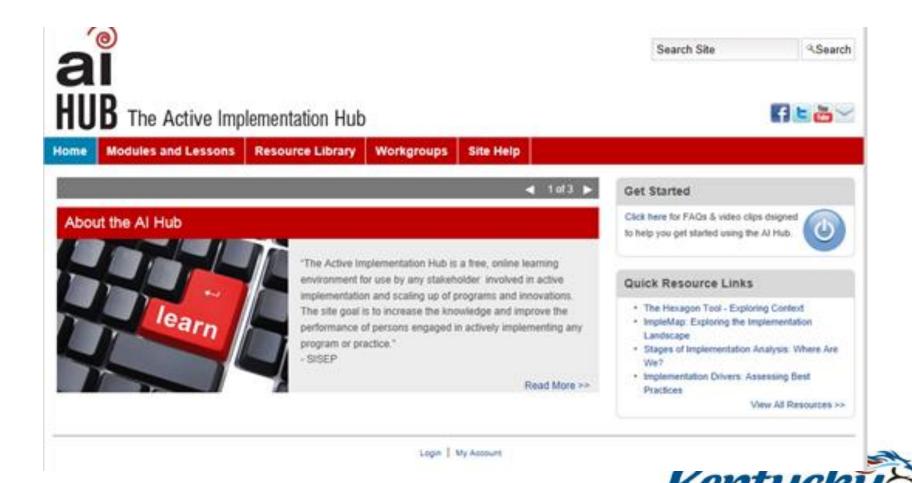
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## **Socially Significant Outcomes**



## **Active Implementation Frameworks**

http://implementation.fpg.unc.edu/



## For More Information

Mary Reinle Begley Mary.Begley@ky.gov

Natalie Kelly Natalie.Kelly@ky.gov

Vestena Robbins
Vestena.Robbins@ky.gov

